TRANSPORTATION LODGING DOCUMENT DOCUMENT NUMBER NUMBER			STATE OF NEBRASKA							BATCH NUMBER	DO	CUMENT NUMBER
				EXPENSE REIMBURSEMENT REQUEST								
DATE NAME OF PLACE AND NATURE OF SERVICE			TRAVEL TIMES		MEALS LODGING		TRANSPORTATION			MISCELLANEOUS		
2014 month/day	Enter star	Enter start and stop points for each trip State purpose of each trip		STOPPED	Actual Amounts	etc., if direct	RATE	MILES TRAVELED	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
mona v day	Sia	ne purpose or each trip	STARTED		only B	billed	0.560	IKAVELED	AWOUNT -	DESCRIPTION	AWOONT	TOTAL -
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DB: 1				TOTALS	-	-	0,000	-	-		-	-
DB: 2								Business	Unit	Object Code		Amount
DB: 3										•		
DB: 4												
DB: 5												
NAME and TITLE ADDRESS BOOK NUMBER					R HEADQUAR	TER CITY						
								ISOR or APP	ROVER SIGNA	TURE	DATE	
ADDRESS		CITY		STATE	ZIP CODE	1						
					NE							
I claim reimbursement for the above expenses incurred by me in the line of duty and in accordance with Nebraska State Statutes. I de										ned vehicles is authorized according to the	Vah Lia#	
is a true account of such expenses for which payment has not previously been made by the State of Nebraska or another source. EMPLOYEE SIGNATURE					DATE			provisions of NE State Statutes sections 81-1014 & 81-1176.				
EWIPLUYEE	SIGNATURE			DATE			AUTHORIZED SIGNATURE				DATE	